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DR. NORTH'S MEDICAL REPORTS AT SARATOGA.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—The frequent allusions, by physicians who came to Saratoga last summer for their own health, to my communications in your Journal the preceding May, have induced the belief that another annual notice of the present condition and progress of medical affairs at the Saratoga Springs, may be acceptable to a respectable class of your readers; and I therefore hope you will again indulge me with your usual courtesy of a place in your pages.

To medical men who know by sad experience the irksome and pitiable nature of their bondage at home and seclusion from a bustling and migrating world, it would seem scarcely credible if I should assert that no class of invalids, in proportion to their numbers, except clergymen, come to these Springs in so large a representation as physicians. In some instances they are induced by their patient to make the excursion; but generally their own health, or that of some member of their family, brings them hither. And if a practitioner can bring himself to the point of relinquishing for two or three weeks the everlasting and monotonous routine of "describing parallelograms," where can he find more to burst the shackles of professional care and renovate his health and spirits, than at the Springs? The atmosphere peculiar—walking and riding good—board from \$3,00 to \$12,00 a week—the saloons, streets, dipping-rooms and bathing-houses filled with interesting strangers from all parts of the country—more amusements than at any other watering place—abundance of baths—and, what is more than all other considerations, powerful and delicious medicines from the hand of nature. In what place can the physician, whose very employment is a disease and needs to be prescribed for, condense into a short absence so much of relaxation, diversion, instruction, and renewal of health and spirits, as here?

It should be distinctly stated that the practitioners of the village, whose whole year's business is compressed into a few weeks' hard labor, cannot treat with the courtesy they would desire their brethren from abroad. Yet their offices should be the place of call, at least long enough for an unceremonious introduction; for in this way physicians from abroad can more easily become acquainted with each other. A plan was adopted late in the season last summer, and incipient measures taken, for a daily levee of the medical men from abroad, at 11, A. M. But it was found that so many of the number had left the place as to render the scheme impractic-

cable. As the month of June is the most idle month for practitioners in the country, and as those in the cities are deserted by their families' fleeing from their homes at the commencement of the hot season, there would be a more probable junction of all classes of physicians about the last of June than at any other period in the summer.

Any individual who feels desirous, while in pursuit of his own health at the Springs, to enlarge his professional acquaintance with medical men from various parts of our country, and often from the West Indies, has only to put up half a dozen written or printed notices at the dipping-houses and baths, inviting his brethren to meet at a given hour and place, and arrangements could immediately be made for a general meeting. And should some neighboring physicians who have decided to come on this season propose, through your columns, something like a *medical convention* at Saratoga, naming, say, the last Tuesday in June, it could be productive of no possible evil, and would most certainly secure the object proposed. I dare not make the proposal myself, as I might be wholly unable to assist in the organization and conduct of the meeting. Should you, my dear Mr. Editor, just take up the resolve to leave your treadmill for a few days, and come on to sip at some one or all of our ten "restoratives," it would be exactly proper as well as practicable for you, in conjunction with the faculty of Boston and its vicinity, to fix on some time and publish it in the Journal.

The same thing might be accomplished by any half dozen of medical men, who have decided to come on this season, by proposing in your Journal a medical meeting at any time they shall choose to select. Such a notification could scarcely fail to convene some twenty or more from different regions. To dwell on the pleasure and benefit of an hour's daily intercourse among men so secluded, yet so responsible to their employers, as are physicians, would be an utter waste of time, and I submit the subject to the good sense and wishes of my brethren abroad.

In my communication of last year, the IODINE SPRING in the north-east part of the village was mentioned as having been recently introduced to the public. In consequence of the very small amount of iron in this water, there being but one grain in a gallon, my partner, Professor Delamater, and myself, cautiously prescribed the water last summer for probably twenty invalids suffering under the various forms of incipient phthisis. Among them were several cases of hæmoptysis. In a majority of the whole number, we combined with the use of the water some mild antiphlogistic, such as super tartrate of potassa, sulphate of magnesia, antimonials, &c., with tepid bathing, vegetable diet, and being as much as possible in the open air. We did not hear of a single instance of aggravation of the complaint while the patients remained at the Springs. On the contrary there was manifest improvement in most of these patients. Where dyspeptic symptoms were associated with hemorrhage and cough, the change in the complexion, strength and spirits was very great. There is so little muriate of soda and iron, and so large a proportion of magnesia and hydriodate of soda, in this fountain, that, *a priori*, we felt strong confidence that the remedy could be employed in entonic habits with much less risk of aggravating the inflammation than results from the use of our

common chalybeate springs. The number of invalids with other inflammatory complaints who were benefited by the Iodine Spring, last season, fully confirmed what was inferred from the constitution of the water. One or two cases are adduced in illustration.

Acute Pericarditis.—A medical gentleman in one of our large cities, age say 40, was attacked March 1st, 1840, with acute pericarditis. He was confined seven weeks under the care of several distinguished physicians. At this period he commenced riding, and has devoted his whole time since to the restoration of his health. He arrived here Aug. 8th. His prominent difficulties then, were dizziness, dyspnoea, indigestion, and general symptoms of inflammatory diathesis as evinced by a thrilling, hard, jerky and frequent pulse. *Directions.*—He is to take five gr. of the blue pill mass and a teaspoonful of antimonial wine every evening. In the morning, early, four half pints of the Iodine Spring water. General regimen as heretofore.

Aug. 15. Pulse has entirely lost its hardness. Everything has operated favorably. Copious diuresis and catharsis. Dyspnoea abated. Eats and sleeps well. Is already gaining strength, courage and spirits. Seems agreeably surprised that a mineral water can with its auxiliaries prove so favorable in a complaint so decidedly entonic.

Aug. 21. Leaves to-day for his home and business. His pulse is without a fault. Says he is well. Walks with strength and with no dyspnoea. Appetite and digestive powers natural. Dizziness gone.

Disease of Heart and Lungs.—N. S., of Jamaica, Long Island. Aug. 14, 1840. Age 39, a farmer. Has long been subject to short breath on running. Was affected, last winter, with a dry, harassing cough, gradually increasing till the middle of February, when it became very severe, and continued so till May. Lost 20 lbs. of flesh. His cough still very troublesome. No consolidation of lungs or tubercles apparent from percussion or stethoscope. Impulse of heart not very extensive. Violent palpitation. Pulse 120, soft and feeble. Breath hurried on exercise. Lost 2 oz. blood yesterday from the lungs. Tongue slightly furred. Digestion indifferent. Appetite sufficient. Bowels regular. *Directions.*—Take early each morning four tumblers of the Iodine water, adding to each tumbler 3 i. cream of tartar, to be swallowed during the effervescence. A bath of mineral water every third morning, at 97 degrees, for fifteen minutes.

Aug. 20. Pulse 102, full and stronger. The evacuations thorough and easy. Cough has diminished. Expectoration more free. Strength improved. Walks with more ease. Food sets well. Appetite strong. Feels much more like health. Tongue yet coated. Bath very agreeable. Some pain yet about the chest. Sleeps tolerably.

Aug. 27. Pulse 100 and perfectly soft. Three tumblers with the cream of tartar produce several evacuations. Tongue slightly furred. No sign of indigestion, except slight flatulence. Cough decreasing. Is to continue baths every third day, and the Iodine water five tumblers simply, without the cr. tart.

Sept. 1. Pulse 96. Tongue still furred. Impulse of heart nearly normal. The water alone produces thorough operations. Very little

dyspnoea. Walked two miles yesterday, comfortably. Cough less. Is "ashamed of his appetite."

Other instances might be adduced from my case-book to prove that, not only in pulmonary complaints, but in many chronic diseases in which local inflammation seems to be the principal obstacle to the removal of all the morbid phenomena, the water of this fountain appears to be exactly suitable. This Spring has been analyzed both by Dr. Chilton, and Prof. Emmons of Albany. Prof. Emmons gives the following, which is very much like that of Dr. Chilton.

One gallon, or 231 cubic inches, of the water, contains—

Muriate of soda	-	-	-	-	-	-	187	grs.
Carbonate of magnesia	-	-	-	-	-	-	75	"
Carbonate of lime	-	-	-	-	-	-	26	"
Carbonate of soda	-	-	-	-	-	-	2	"
Carbonate of iron	-	-	-	-	-	-	1	"
Hydriodate of soda	-	-	-	-	-	-	3.5	
							<hr/>	
							294.5	

Carbonic acid gas 326 cubic inches.

Air - - - - 4 "

Gaseous contents 330

But I must not pass by a still more recent discovery in our village; I mean the PAVILLION FOUNTAIN. The process of excavating and curbing this spring was finished the 25th of April, 1840. There are, strictly speaking, two fountains, which are conducted from a depth of nearly forty feet to the surface in two separate tubes, nearly parallel, and several feet apart. These tubes are about a foot in diameter, and discharge the water from their upper extremities nearly three feet above the natural surface of the ground. The carbonic acid gas is so abundant, and the stream so copious and escaping at so great a height from the ground, that general attention even from the villagers was at once attracted to these new and beautiful fountains. The principal proprietor, Mr. D. M'Laren, who is said to have expended not less than \$2000 in his indefatigable exertions to enclose and secure the springs, seemed to impress others, and particularly a certain class of invalids of long-continued chronic ailments, with his own enthusiastic belief that such deep and boiling waters must contain ingredients and therapeutical agencies for the removal of disease unknown in any other of our fountains. There was an immediate resort at that early season to the spring, which continued steadily to increase through the season. Some were disappointed; but many were decidedly benefited. As the latter class were desirous of continuing the use of the Pavillion water after leaving Saratoga, a great number ordered a supply to be put up in bottles, and to accompany them on their return home. If to this circumstance it be added, that scarcely a stranger entered our village that did not go to see and taste the new Pavillion Fountains, the reader will understand how this spring became so generally known abroad during its first season. As the season advanced, I perceived that the loads of this water

in bottles that passed by my office for the railroad depot were more and more frequent; and I have no doubt it has already been tried to a considerable extent in our neighboring cities. Whatever amount of popular favor it may ultimately secure elsewhere, it has unquestionably taken a high rank here for its delicious taste and solid utility, both among common visitants and the medical faculty. I take the liberty to say that the physicians from New York city were particularly interested in the new fountain, and full in its commendation. It will be seen by its analysis, which I subjoin, that it promises to be especially useful as a restorative and tonic. The water was twice analyzed last season; once by Mr. James Thomas, a respectable chemist from New York, who performed the whole examination here—and once by Dr. J. R. Chilton, of New York. As many copies of Mr. Thomas's analysis have already been distributed by Mr. M'Laren, Dr. Chilton's only is forwarded for insertion. In 231 cubic inches, or one gallon, of the West Pavillion Fountain, there are, of

Chloride of sodium	- - - - -	187.68	grs.
Carbonate of soda	- - - - -	4.92	"
Carbonate of lime	- - - - -	52.84	"
Carbonate of magnesia	- - - - -	56.92	"
Carbonate of iron	- - - - -	3.51	"
Sulphate of soda	- - - - -	1.48	"
Iodide of sodium and a trace of bromide of potassium	- - - - -	2.59	"
Alumine	- - - - -	.42	"
Phosphate of lime	- - - - -	.19	"
Silica	- - - - -	1.16	"
		<hr/>	
		311.71	

Carbonic acid 359.5 cubic inches.
Atmospheric air 5.3 "

Gaseous contents 364.8

I have only to add that these fountains are situated about 20 rods east of Broadway, nearly in the centre of the village, and only a few rods south-easterly of the Pavillion Hotel.

As to the other fountains, the Old Congress still retains its well-known qualities, with perhaps the exception of a slight diminution of its gas, and is still considered *THE* Saratoga Spring. The Columbian, four rods south-west of the Congress, has been re-constructed and greatly improved in its taste and briskness, and has been ornamented with a handsome dome. The New Congress, owned by Mr. Lewis Putnam, has lost none of its popularity. It has been analyzed by Dr. Chilton, and its analysis published. It contains seven grains of carbonate of iron in the gallon, and is highly charged with other saline ingredients, and with carbonic acid. The Flat Rock, which lost every particle of its gas and sunk below its outlet during the deep mining for the Pavillion Fountain, some ten rods distant, has been newly curbed, and is in a much improved condition. Within a few rods of this, and near Waterbury's Spring, a large and elegant bathing establishment was erected early last summer. The other springs retain their

established character; and we have now ten dipping places, at each one of which persons are stationed, and daily employed, during the summer, for the accommodation of the visitants.

Before closing this annual sketch of Saratoga, it should be stated that about forty dwelling houses, large and small, have been annually added to our village for three years past. Its present population is said to be about 2500. A new brick Methodist church is nearly completed, and a Presbyterian church will be commenced soon on Broadway. A large academy for boys, and a new cemetery, are under contract. We have already both an academical school and a select school for boys; an excellent seminary for young ladies, under the superintendence of the Misses Wayland, sisters of President Wayland; and on the first of May another select, academical school for young ladies is to be opened here by Mrs. Rev. Austin Dickenson, well known as a celebrated instructress in New York city a few years since. I am thus particular respecting these schools, because medical men are frequently consulted about the disposal of delicate children whose parents are anxious to secure both a healthy location, where constitutional infirmities may be gradually removed and outgrown, and at the same time a safe family and school where morals and mental culture can be promoted.

The pecuniary embarrassments of the past season reduced somewhat the number of mere tourists, though several of our large houses were more than full. The number of patients, however, was never larger since my observations here, nor the complaints more various. Many *cutaneous diseases* were scarcely at all benefited. A young clergyman who had *acne punctata*, connected with pain in the region of the liver, and who had tried many courses of medicine in vain, spent many weeks here, drinking and bathing under every form and with various adjuvants, and finally left us with some little improvement in his general health, but with none in the eruption of his face.

The *minister's throat ail*, which, by the way, has now become extremely prevalent among all classes, and particularly mechanics, was more common than ever here last season. Your readers, Mr. Editor, will recollect the many explanations that appeared in this Journal some 12 or 18 months since. The very singular discrepancy of these opinions, and of all others which have hitherto been published on this malady, show that its cause and pathology are yet to be discovered. A suitable *name*, too, is yet to be found: for its extension to multitudes who never speak in public, shows the absurdity of the denomination I have conformed to, as well as that of "*morbus laryngeus locutorum*;" while the miserable success which has attended the lancet, blue pills, and other antiphlogistic treatment, demonstrates that *bronchitis* is a sad misnomer. It seems too evident that this cognomen has misled many in the treatment, and tended to retard the faculty in their efforts to discover the best method of cure. That the medical profession have been greatly perplexed by this complaint, cannot be concealed. Before coming to this place, in 1839, I had several cases of complete recovery by the use of acrids and metallic tonics, given several times daily in wine: and I began to entertain a strong hope that I should be able to report to my medical brethren an infallible pro-

cess. Although this plan has failed in several instances since, yet, in comparing the many diversified methods which are yearly reported to me here from various respectable physicians, no course has appeared so beneficial as one similar to the above, and this opinion is confirmed by an excellent paper from Prof. Hamilton, of Rochester, which appeared in your No. for Aug. 26, 1840. During the three past seasons, a very few cases of this complaint have been apparently injured by our waters, and more have failed of cure. But a very fair proportion of all this class have been benefited by the baths and internal use of the water.

There was a great number of *neuralgic* cases here last season, and with satisfactory results. Hot baths, general and local, were a powerful auxiliary in these cases. The same was true of *rheumatism*. In a case of *chalky concretions* in the joints, of long standing, the patient took the bath daily for one hour and a quarter, at 102 degrees, with signal benefit. Other instances of general *enlargement* of the joints with rheumatic pain, were treated in a similar manner. In some instances of chronic inflammation of a single joint from accidental bruises and sprains, hot, mineral water, in the form of *douche*, was followed by cold affusion with benefit.

During the season, we had our usual share of *dyspepsia* in all its forms, *biliary derangements*, *scrofula*, *intermittent fevers*, *chronic diarrhas*, *nervous diseases* in general, *nurses' sore mouth*, *calculous complaints*, and *dropsies*.

The waters were drank, not only as a cathartic in the morning, but as an alterative and tonic, being taken at two or three separate intervals, and in as large quantities as could be borne without free catharsis. The latter method is more appropriate to complaints of long standing. The old-fashioned method, however, of free potations in the morning, early, combined, if necessary, a few mornings, with some auxiliary laxative, yet remains the most common and approved treatment.

Baths were more useful than ever last season. In feeble, cool, atonic patients, it was very customary to prescribe from six to twelve baths in as many days, at from 100 to 110 degrees, and when the skin became florid, the face well colored, the extremities warm, and the skin moist and perspirable, to substitute the cold shower daily, beginning with two or three quarts from the fountain. This small quantity of cold water was never followed by a chill, and the re-action and glow were more full than if two buckets had been poured over the patient. In this way the thorough revolution in the general circulation, which had been produced by the hot baths, was secured and confirmed by the shock and glow of the cold dash; and so great an auxiliary did the baths prove to the internal use of the waters, last season, that medicines seemed but little called for in many instances. Invalids were occasionally very languid on coming from the baths at 110 degrees; but the manifest impression upon their prevailing, constitutional complaints and sufferings, and the general perspiration and glow of several hours, not only reconciled them to the temporary faintness and languor, but inspired them with confidence in the plan.

Saratoga, 19th March, 1841.

M. L. NORTH.

MASSACHUSETTS GENERAL HOSPITAL.—SURGICAL CASES TREATED
BY J. C. WARREN, M.D.

REPORTED FOR THE MEDICAL JOURNAL BY S. PARKMAN, M.D.

Dislocation of right Femur forwards and downwards.—A delicate-looking Irish child, *æt.* 6 years, was brought to the Hospital April 21st, and the following very meagre account given—that while at play at school, eight or ten weeks since, she was thrown over a bench, in some manner undescribed, and was taken up lame; which lameness has continued since, though the child has walked, but always with a limp. About two weeks after the accident, she was seen by Dr. Hale, who considering the case as one of dislocation, advised immediate recourse to the Hospital, which advice, however, was at the time neglected. Latterly the child has been treated by some one for hip disease.

Upon examination, the patient lying upon the back, the sole of the lame side projected an inch and a half beyond that of the opposite, with the toe slightly turned outwards; this appeared, however, mostly due to a depression of the right half of the pelvis, the ant. sup. spinous process of the ileum being very considerably lower on the right side than on the left. On turning the patient upon the face, the right nates appeared somewhat flatter than the left. Apprehensions at first would naturally be excited that this was a case of hip disease, in its first stage; but the entire absence of anything like pain upon the motion of the joint, of anything like a febrile attack in the course of the disease, entirely precluded this supposition. There was great stiffness in the joint, it being somewhat difficult of decision whether there was any actual motion, though careful examination, by fixing the pelvis, showed the existence of it in a very limited degree. The affected limb naturally lay slightly abducted; it could be forcibly adducted, but immediately, upon being left to itself, sprang outward. On placing our patient upon her feet, the limb assumed a very peculiar and characteristic position; the whole weight of the body was thrown upon the sound limb, while the right or affected limb was advanced forward, abducted, turned outwards, and bent at the knee, as if too long, the pelvis at the same time being forced upwards upon the sound side, and depressed on the affected. The weight of the body being thrown, as we have said, upon the left side, its upper part, to preserve the equilibrium, was naturally advanced a little forward and towards the right side.

We have called this posture characteristic. It is that of the dislocation into the *foramen ovale*. Of course it is not pathognomonic, but it remains to verify the lengthening of the limb by actual measurement, and to find the head of the bone. Measuring from the most usual point of departure on the pelvis, the ant. sup. spinous process of the ileum, to the upper edge of the patella, the protuberance of the inner ankle or the sole of the foot, the left or sound limb appears the longer by from a quarter to a half of an inch. This, at first view, would appear perfectly contradictory to and conclusive against our previous opinion of dislocation into the *foramen ovale*, since if the head of the bone have *descended*, the limb must necessarily be elongated. But a little closer consideration of the

case shows that there is a fallacy in the results furnished by this measurement. We have described the pelvis as deviated to the right or affected side; in fact this deviation consists not merely in a simple depression, but in an inclination forwards, the right half of the pelvis forming a smaller angle with the femur than the left; and the point where the pelvis and femur unite being the centre of the angle, it follows that the ant. sup. spinous process of the lame side must, by this inclination forwards, be approximated to any point of the limb to which we measure. It becomes necessary, then, to choose some point of the pelvis near its union with the femur, and which cannot consequently deceive us, as our point from which to measure. And in fact if we choose the tuberosity of the ischium, the fold of the groin, the lateral fold of the thigh, all points immediately in this vicinity and well marked, or if placing the body entirely straight we take the umbilicus, as suggested by Dr. Fisher, as our starting point, and measure to the patella, the internal malleolus, or the sole of the foot, we do find the affected limb actually to be by all these measurements from half to three quarters of an inch the longest. Another important measurement is that from the lowest spine of the sacrum outward to either of the trochanters, by which we find the trochanter of the affected side to be approximated one whole inch towards the sacrum; which approximation may be thus accounted for—by the head of the bone being thrown forward, the trochanter is drawn backward and towards the sacrum by the action of the glutæi and rotator muscles of the thigh.

The affected limb being thus fully established to be the longer, we proceed to the search for the head of the bone. Search was of course first made in the spot where the head is described, by Sir Astley Cooper, to be in the dislocation into the foramen ovale, the upper and inner part of the thigh; but the finger detected nothing in this spot. A further and more minute examination, however, showed, by the resistance offered to the touch and a slight tenderness upon pressure, the head of the bone to be situated immediately external to, and in contact with, the insertion of the triceps and gracilis muscles, which are seen and felt forcibly extended by the elongation of the limb. From all these facts, and especially from the discovery of the head of the bone, the diagnosis was made up that the head of the bone was not in the acetabulum, but dislodged, not completely into the foramen ovale, but hitched upon the edge of the socket, in the notch between it and the foramen; forming an incomplete dislocation forwards and downwards—a variety not described by Sir Astley Cooper—which peculiarity also accounts for the slight elongation of the limb.

We have, then, a dislocation of the thigh from eight to ten weeks' duration, in a child six years of age. Should we proceed to attempts at reduction? By these attempts, if properly managed, it is not probable that any harm can be done. Neither was the probability very great that much could be effected. But taking into consideration that this dislocation, if left to itself, must be followed, in the efforts of nature to preserve the equilibrium of the body, by a lateral curvature of the spine, and perhaps by a deformity of the pelvis, a matter of considerable consequence to a female, it was decided to attempt what could be done. To apply the

manœuvres necessary for reduction with any probability of success, it was absolutely indispensable that the pelvis should be firmly fixed for the counter-extension, a matter of some difficulty in so small and thin a subject. To effect this, a plank was formed about the size of the patient, in which holes and grooves were cut at different points, for the reception of bandages, which were so applied as to envelope the whole trunk and fasten it, especially the pelvis, immovably firm. All this being arranged, and our patient being completely under the influence of nauseating doses of tartarized antimony, the extension was made with the assistance of aids pulling at a band attached above the knee, downwards and across the sound limb, while a counter-extension was made outward by a band passed around the upper part of the thigh. This failing, Dr. Warren taking the limb, and flexing it at the knee, made extension across and as near as possible to the sound thigh, at the same time rotating it from without inwards, in order, if possible, to dislodge the head from the notch where it was hitched. This meeting with no better success, the same attempts were made with the limb carried behind the other, as directed by Sir Astley Cooper. Although the head of the bone did undoubtedly at one time move, no permanent benefit was gained, and these efforts having been steadily maintained for the space of thirty minutes, it was not thought prudent to continue them any further. Since the attempt, the patient has suffered not the slightest pain or uneasiness in the part, and is in all respects as well off as before.

The chief peculiarity of this case, and the one which for a time caused some doubt as to the reality of dislocation, is the diversity of measurement. We have already shown how this arose, and in what manner we may be deceived, unless all the peculiarities of a case be taken into the account. The causes of this twisting of the pelvis would appear to be—1. The resting of the body upon the sound limb causes the pelvis of that side to be pushed upwards, as any one may verify upon himself by experiment. In this case the girl had been moving about for eight or ten weeks with the left lower extremity alone capable of performing its functions, the right being of little if any actual use in progression. And, 2d. The contraction of the triceps and psoas muscles, both put upon the stretch by the elongated limb, must have the tendency to bend the pelvis upon the extremity when it is planted upon the ground. These variations of the pelvis either upward or downward are very interesting and often somewhat difficult of explanation, and have hardly received their due share of attention from surgical writers. There are several cases now in the wards illustrative of them; from the comparison of which several useful hints may be deduced, and which will probably form the subject of a future article. The consequences in this case will undoubtedly be—1. The formation of a new joint. 2. A shortening of the limb, the head of the bone sinking into the adventitious cavity. 3. A gradual straightening of the limb; and, 4. Increased motion. So that from the youth of the patient we may conclude that by the time she has reached womanhood, the parts will have become so adapted to their new position that the lameness will be much diminished, if not entirely imperceptible.

The pulleys were not used in this case, as from the youth of the pa-

tient there would have been great danger of separating the epiphysis of the bone, by applying a force not so easily appreciable as that of the muscles of the surgeon, which in this case must have evidently been sufficient to effect all that could have been done with safety.

Sir Astley Cooper, for the reduction of the dislocation into the foramen ovale, directs that the affected limb should be carried *behind* the sound one; since if carried *before*, the head of the bone will be exceedingly liable to slip *round* the socket into the ischiatic notch. In this case Dr. Warren preferred to carry the limb *anteriorly*, as from the dislocation being incomplete, as we have described it, this danger did not exist, and this manœuvre was the more likely to free the head of the bone, and throw it into the acetabulum, as any one may verify upon the skeleton.

Dislocations of this joint are extremely rare in *adult* females. Dr. Warren himself has never met with an instance; and in his late visit to Europe he made particular inquiries of most of the surgeons of the large hospitals of Great Britain, France, Italy, Germany and Belgium, as to their experience upon this subject, nine out of ten of whom replied that they had never seen it, and no one had encountered more than two or three cases at the utmost. And what is still more remarkable, they did not appear aware, till their attention was called to it, of the rarity of the occurrence. The accident in this joint to which females are particularly liable, is fracture of the neck of the femur, even from injuries to appearance very slight, and seemingly little calculated to produce so grave an effect. And the above remark cannot be too carefully borne in mind, as hardly a year passes without the presentation at this hospital of these cases of fractured cervix in females, many weeks after the accident, who have been treated and horribly tortured by ignorant persons for dislocation of the hip-joint, an accident which we have seen to be hardly possible.

The causes of this rarity of dislocation and frequency of fracture in the female may be stated as—1. The cervix femoris is smaller in the female; by actual measurement and comparison of several specimens of male and female thigh bones, there appears to be the difference of an inch in favor of the former. A force, therefore, which in the male would produce dislocation, in the female causes fracture. 2. The neck of the bone is nearer a right angle with the shaft; a blow, therefore, upon the trochanter is much more direct in its effects upon the cervix. 3. From the greater width of the pelvis the trochanters are more prominent, and consequently more liable to blows in the female. 4. This greater width of the pelvis causes an inward obliquity of the thighs, from which their support is less firm than that of the male, and they are consequently more liable to be thrown by slight causes upon the side, in which manner, in fact, this accident most usually happens; and, 5. Females, from their occupation, are less liable than the other sex to accidents of sufficient violence to cause dislocation of this joint, while the greater fragility of their bones, taken in connection with the other circumstances mentioned above, would seem peculiarly to predispose them to fractures of the cervix femoris, which fracture, in fact, is probably the most frequent to which they are subject, especially after a certain age. These anatomical

peculiarities do not exist prior to the age of puberty; before this age, therefore, the female is subject to the same casualties in this joint as the other sex.

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BOSTON, MAY 12, 1841.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK.

THE last publication of this Society has been on our table some weeks, but prior claims have prevented an earlier notice of it. Sumner Ely, M.D., late president, gave the annual address, Feb. 3d, which is the first article in the series. The subject is *inflammatory fever*. It is an old, threadbare subject, yet judiciously managed in the skilful hands of Dr. Ely. The next paper is an elaborate one by Nathan S. Davis, M.D., of Binghampton—a prize dissertation, being an *analysis of the discoveries concerning the physiology of the nervous system, from the publications of Sir Charles Bell to the present time*, and may be read with profit. The author exhibits extensive knowledge, profound attainments in science, and great devotion to the interests of a profession of which he must be regarded as a prominent member. European physiologists should be furnished with this laborious production. It would not only show them the high value placed on their own labors, but would also convince them of the perseverance and research of American practitioners, even under extraordinary disadvantages for systematic study. A paper on ergot, by Dr. Beck, has already received attention. The next, is upon ligatures of the femoral and external iliac arteries, by Dr. Portal, of Palermo, with two engravings. The fifth and last of the principal communications to the Society, is an address by Dr. Daniel Haynes, before the Rensselaer County Society in 1838, on *hereditary diseases*, which is altogether too feeble to grope its way through the world alone. Respect for the character of the man who wrote it, must alone have induced the committee of publication to admit it into their published transactions. John B. Beck, M.D., one of the distinguished authors of the American work on medical jurisprudence, a professor in the Medical College of New York, whose name is intimately associated with the progress of medicine in this country, was elected President of the Society; Dr. William Taylor, Vice President; Dr. P. Williams, Treasurer; and Dr. Peter Van Olinda, Secretary. There are various items in these Transactions which might be transferred to the pages of the Journal, to prove the activity of the profession in the empire State. Assailed as they are by those modern nomades, the Thomsonians, the character of all their cherished medical institutions threatened, and their usefulness abridged by the weakness of the Legislature which hopes in ignorance, and fears the light of knowledge where one of the Society happens to be recognized, the members have certainly sustained themselves admirably, and in after times these records will redound to the wisdom, energy, science and literary fame of those who now constitute the Medical Society of the State of New York.

Anti-phrenology.—F. H. Hamilton, M.D., delivered a lecture on phrenology before the Rochester, N. Y. Athenaeum, on the 9th of Feb. last. We consider ourselves in the first rank of Dr. Hamilton's admirers, while he keeps himself within the sphere for which he is admirably fitted by nature and education. He can amputate a limb as scientifically as any other surgeon, or discourse unexceptionably upon topics that are strictly professional. But when he makes a departure from the post road in which his mind has been accustomed to travel, there is sad evidence of aberration. Our friend seems determined to make himself ridiculous by meddling with his old aversion, phrenology—and there is now a fair prospect of ultimate success. If the science requires stronger evidence of its truth than has yet been arrayed by those illustrious philosophers whose works are spread over the land, it is to be found on or in the head of our intractable friend. With regard to the literature of the lecture—we consider that it falls so much below the standard of Dr. Hamilton's ordinary productions, that were it not for a note entitled "*apology to the public*," under his own name, it might have been suspected that the whole was an imposition to injure the reputed author, by some mischievous fellow envious of the doctor's success and general reputation. In the second place, the science discoverable in this lecture also shines dimly. Obstinacy and the manifestation of a disposition to blot out of existence whatever does not accord with his own preconceived opinions, characterize this unfortunate Rochester lecture. The case must be handed over to Dr. Allen, editor of the Phrenological Journal, for adjudication. We by no means intend to give the author up as incorrigible. No man writes with more energy or effect than Dr. Hamilton, in a certain line; and we regret, therefore, in common with others, to witness any expenditure of intellectual strength which might be more profitably employed.

Diversities of the Human Character.—As soon as room can be afforded, we shall commence a review of several published lectures by Dr. John Augustine Smith, a Professor of Physiology and President of the College of Physicians and Surgeons of the city of New York—the first having a title something like the above caption. It would be really convenient to have the volume in the office for the compositor to correct his proof by—it being exceedingly tedious to travel down Washington street to a bookstore and beg permission to look and re-look at an unsold copy whenever necessary. We hope, however, not to make very gross mistakes in the way of quotation on that account. One reason why Dr. Smith's book has attracted no attention whatever, is because editors have not seen it, and therefore had nothing to say. The parsimony of the publisher, or author, has killed it.

Harris's Dental Surgery.—As long ago as 1839, a volume was published at Baltimore, entitled "*The Dental Art—a practical Treatise on Dental Surgery*;" by C. A. Harris, M.D." A copy has fortunately come into our possession, within a few days, and we find it deserving of far more notice than it seems heretofore to have attracted. When a few other things have been disposed of, this useful but too much neglected scientific production shall have justice done it, so far as we are able to render it. In the mean time our practical dentists are advised to make themselves familiar with the work.

Boylston Prize Questions.—Within a few days we have seen the late successful prize essays on scrofula, rheumatism and erysipelatous inflammation, by Edward Warren, M.D., in a conveniently-printed form for the library. The author has recently established himself at Newton, Lower Falls. Dr. Warren is an excellent writer, and it is to be regretted that he does not oftener appear before the public.

Aid to the New York Dispensaries.—We are glad to learn that a bill passed the Legislature of New York, the other day, which has been since approved by the Governor, authorizing the payment of \$1500 to each of the medical dispensaries of New York, from the money collected on alien passengers, provided there is money enough remaining in the treasury to do so, when all other charges are paid which by law are liquidated from money arising from that source.

Boston Medical Association.—The annual meeting of this Association was held at the Mason-street College, on the 4th of May. There being scarcely any business besides electing a Secretary and Standing Committee for the ensuing year, the members, few in number, soon retired. Dr. Gregerson was re-chosen Secretary, and Drs. Randall, Homans, Ware, Hayward and Bigelow constitute the Committee. Drs. Ware and Bigelow were appointed to revise the fee table, which is to be presented for the consideration of the Association at the next meeting.

Medical Counsellors.—A medical caucus is to be held in the Suffolk District on Saturday next, for the purpose of agreeing upon a list of candidates for Counsellors of the State Medical Society. This is a capital move, since it will save time on the day of the annual meeting. Gentlemen in the several country districts should get together at once, for the same purpose. There have been annual elections of Counsellors who have not met with the Society for fifteen years. The evil may be corrected by a little effort on the part of those who have the good of the institution at heart.

Surgical Instrument Makers.—For the convenience of the profession in the country, we are requested to mention that Mr. Zeitz has relinquished the manufacture of surgical instruments, and is succeeded by Messrs. Hawes and Alberty, at 69 Court street.—Mr. Phelps, widely known for his mechanical ingenuity in the same business, remains at the usual place, corner of Court street and Cornhill—up stairs.—Beautiful instruments, also, either of English, American or French manufacture, may be found, as in times past, at Messrs. Brewers, Cushing and Stevens's, No. 90 Washington Street.

Proper Period for Vaccination.—Dr. Gregory says that the question of the most proper age for vaccination might be drawn into a very small compass. Provided that the disease were taken properly—that there was a good vesicle and areola, with a due degree of constitutional effect—it mattered not whether vaccination were performed at the second, third or fourth month, or the second, third or fourth year. The true question for consideration was, at what period of infantile life vaccination could be performed, so as most certainly to ensure success, and to avoid inconvenience

to the parties. This question had recently been forced upon public notice from the interesting circumstance of the Princess Royal being born during an epidemic prevalence of smallpox. In answer to this question it might be stated, that in the first week or ten days after birth, before the infant had attained any degree of plumpness, it was very difficult to vaccinate; not from any want of susceptibility in the patient, but from the difficulty of inserting the lymph properly. This difficulty was more or less present until about the fourth month, and therefore this was the period usually chosen; for not only was the arm then generally plump, but there were also then no contending influences, such as teething, present in the constitution.—*Lancet*.

On Irritation of the Fauces to induce Vomiting.—From an ignorance of the physiology of these parts, a singular event has occurred. A patient, wishing to excite vomiting, has introduced a feather, too far, *beyond* the excitors of vomiting, which he ought to have stimulated to their proper action, to the excitors of deglutition, under the influence of which the feather has actually been swallowed.—*Dr. Marshall Hall*.

MARRIED.—In Louisville, Ky., Joshua B. Flint, M.D., formerly of Boston, to Mrs. N. B. Shackelford, of Paris, Ky.—At Petersburg, Va., Dr. Elisha Brandagee, of Berlin, Ct., to Miss Florence Stith, of Petersburg.

Number of deaths in Boston for the week ending May 8, 36.—Males, 17; Females, 19. Stillborn, 3. Of consumption, 6—dropsy in the head, 2—tumor, 1—diarrhea, 1—acrolula, 1—inflammation of the lungs, 1—apoplexy, 1—measles, 5—dropsy, 1—inflammation of the peritoneum, 1—infantile, 3—old age, 3—sudden, 1—smallpox, 2—marasmus, 1—inflammation of the throat, 1—taking brandy (child four years old), 1—canker in the bowels, 1—hooping cough, 1—child-bed, 2.

COLUMBIAN COLLEGE, DISTRICT OF COLUMBIA.

THE Lectures in the Medical Department of this Institution will commence on the first Monday in November, annually, and continue until the 1st of March.

During this period, full courses will be delivered on the various branches of medicine by

THOMAS SWALL, M.D., Professor of Pathology, and the Practice of Medicine.

HARVEY LINDELL, M.D., Professor of Obstetrics, and the Diseases of Women and Children.

THOMAS MILLER, M.D., Professor of Anatomy and Physiology.

JOHN M. TROMAS, M.D., Professor of Materia Medica and Therapeutics.

J. FREDERICK MAY, M.D., Professor of Surgery; late Professor of Surgery in the University of Maryland.

FREDERICK HALL, M.D., Professor of Chemistry and Pharmacy.

SAMUEL C. SHOOT, M.D., Demonstrator of Anatomy.

As there are many young men of talent and worth in different parts of our country who, from restricted circumstances, are unable to avail themselves of the benefit of public lectures, the Professors have resolved to admit, gratuitously, two such students from each of the States, and one from each of the Territories. In order, however, to guard against individuals whose education and character do not qualify them to become useful members of the profession, the selection is placed in the hands of the Senators and Delegates of Congress, each of whom has the right to select one student from his respective State or Territory, and whose certificate of selection will be a passport to all the lectures, by paying only, on entering the school, the usual matriculating fee of five dollars.

The entire expense, for a Course of Lectures by all the Professors, is \$70. Dissecting Ticket, \$10; optional with the student.

Good board can be procured at from three to four dollars per week.

Washington, May 1, 1841.

My 12—1am: N

THOMAS MILLER, M.D.

Dean of the Faculty.

HOMCEOPATHIC BOOKS AND MEDICINE CHESTS.

OTIS CLAPP, No. 10 School street, Boston, has for sale, Currie's Practice of Homoeopathy; Everest on do.; Brocks on do.; Dunford's Practical Advantages of do.; Dunford's do. Remedies; Gale's Pharmacopoeia; Simpson's do.; Hahnemann's Organon; Jones's do. Practice; Jahr's Manual; Hering's do., or Domestic Physician; Roule's Repertory; Currie's Domestic do.; Brocks's Diseases of the Alimentary Canal, and Constipation, with notes by Dr. Humphrey. Also small works for popular use by Crocero, Eustaphiera, Everest, Green, Herring, Dea Guidi, &c. Medicine Chests for sale as above. O. C. is agent for the Homoeopathic Examiner, by A. Gerard Hall, published monthly in New York.

My 12—

SITUATION FOR A PHYSICIAN.

A SITUATION for a physician in Canton Centre, Mass., which has been occupied by one for 30 years, has just been vacated, and is offered for sale cheap. Apply, if by letter, post paid, to E. Crane, Canton Centre, Mass., who will give the particulars.

My 12—30

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 43° 15' 49". Elevation 483 ft.

1841. April	THERM.				BAROMETER.				Wind, 2, P.M.	Weather, 2, P.M.	Remarks.
	Therm. at 8 A.M.	Therm. at 10 A.M.	Therm. at 2 P.M.	Therm. at 8 P.M.	Barom. at 8 A.M.	Barom. at 10 A.M.	Barom. at 2 P.M.	Barom. at 8 P.M.			
1. Thur.	33.44	46.46	59.40	59.35	29.37				S W	Fair	Snow one inch.
2. Frid.	34.56	50.39	59.39	59.34	29.04				S E	Cloudy	Thunder and lightning—heavy shower.
3. Satur.	30.40	37.37	59.10	59.25	29.47				N W	Fair	High wind. Barometer 28.95.
4. Sun.	31.40	45.35	59.60	59.60	29.46				S E	Cloudy	Rainy night. Crocus in blossom.
5. Mon.	40.50	40.40	59.04	59.12	29.21				N W	Fair	Showery—rainbow in morn. Frogs peep.
6. Tues.	37.44	40.40	59.35	59.46	29.51				N W	Fair	High wind.
7. Wed.	30.47	43.37	59.59	59.44	29.35				S W	Fair	.32 inch of rain fell.
8. Thurs.	30.50	49.49	59.50	59.34	29.37				N W	Fair	
9. Frid.	40.44	50.35	59.51	59.05	29.03				S E	Rain	Rain at 6 A. M. Snow.
10. Satur.	35.34	51.31	59.35	59.34	29.35				N W	Fair	.44 inch of rain.
11. Sun.	35.34	51.31	59.35	59.34	29.35				N	Fair	Severe frost.
12. Mon.	24.35	30.30	59.71	59.60	29.60				N	Fair	Great snow storm, continued twenty-four
13. Tues.	26.31	33.33	59.37	59.33	29.33				N E	Snow	hours. Snow fell 5 inches.
14. Wed.	29.42	36.36	59.34	59.35	29.37				N W	Fair	Squally. Poplar in blossom.
15. Thurs.	29.41	36.36	59.54	59.72	29.78				N W	Fair	
16. Frid.	30.40	44.44	59.57	59.35	29.79				S	Fair	High wind.
17. Satur.	35.46	47.47	59.63	59.46	29.40				S	Rain	Trailing arbutus in blossom.
18. Sun.	46.53	47.47	59.30	59.30	29.03				N W	Fair	High wind. Barometer 28.95.
19. Mon.	30.46	44.44	59.30	59.40	29.37				N W	Fair	High wind.
20. Tues.	41.47	43.43	59.51	59.37	29.64				N	Cloudy	Rain in the night.
21. Wed.	34.44	44.44	59.54	59.37	29.26				N E	Rain	Storm continues.
22. Thurs.	40.43	40.40	59.47	59.59	29.61				N E	Rain	Do.
23. Frid.	39.45	43.43	59.51	59.59	29.61				N E	Rain	Do. Liverwort in blossom.
24. Satur.	44.44	53.53	59.53	59.53	29.53				N E	Rain	Do. Leather wood in blossom.
25. Sun.	43.45	48.48	59.53	59.59	29.61				N E	Rain	Do. Red Maple in blossom.
26. Mon.	41.55	56.56	59.45	59.39	29.94				N E	Rain	Do.
27. Tues.	40.47	48.48	59.67	59.64	29.10				N W	Rain	Cleared off at 4 P. M. Beautiful sunset.
28. Wed.	36.57	55.55	59.34	59.35	29.35				N W	Fair	Shepherdia or American Olive in blossom.
29. Thurs.	45.65	53.53	59.34	59.06	29.98				S W	Fair	Rainy night
30. Frid.	41.44	30.30	59.30	59.36	29.95				N W	Rain	and morning. Showery.

The month of April has been cold and backward, vegetation has made but little progress, and much rain has fallen. The number of rainy days has been quite unusual. The thermometer has ranged from 29 to 65; the barometer, from 28.95 to 29.97. Rain has fallen on 17 days, in the whole 6.54 inches.

MASSACHUSETTS MEDICAL SOCIETY.

Censors' Meeting.—There will be a stated meeting of the Censors for the First District, at the house of the subscriber, No. 9 Franklin street, Boston, on Thursday, 21st of May, at 4 o'clock, P.M.
A 21—optm

JOHN JEFFRIES,

Secretary of Censors.

HOMOEOPATHIC BOOKS.

HANSENMAN'S Organon. Jahr's Manual of Homoeopathic Medicine. Jeane's Homoeopathic Practice of Medicine. Ruoff's Repertory of Homoeopathic Medicine. Hering's Homoeopathist or Domestic Physician. F. F. Curie's Domestic Homoeopathy; by G. Humphrey, M.D. Everest's Popular View of Homoeopathy.

For Medicine Chests for the above works, Sugar of Milk, Directions for Diet, etc. etc.

N. B.—All German Classics and other valuable German, Greek and Latin Books. For sale by
My 5—3t

J. G. WESSELHOEFT,

No. 194 North 3d street, above Race, Philadelphia.

A TREATISE ON STRABISMUS, OR SQUINTING,

AND the New Mode of Treatment—Illustrated with Engravings and Cases. By John H. Dix, M.D. Just published, and for sale at the office of the Boston Medical and Surgical Journal, and at the store of William Crosby & Co., 118 Washington street. Price 50 cts. A few copies have been done up in paper covers, so as to be sent by mail.
Ap. 14

THEODORE METCALF, APOTHECARY,

No. 33 Tremont Row, Boston, is sole agent for the sale of Bull's Philadelphia Gold Foil. He has also the largest assortment of mineral teeth to be found in New England. Together with turnkeys, forceps, drills, files, mirrors, platina, and almost every article used by dentists. English and American surgical instruments, in great variety.

Any instrument not in store, obtained to order at three days' notice.

Ap 7—3m

BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by J. V. C. SMITH, Jr., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.